

RECEIVED
CENTRAL FAX CENTER

MAY 31 2011

Re-Application No. 10/633,359

Filed: 08 04 2003

Art Unit3653

7590 02/16/2006

(May 26 2011)

Renewed Petition under 37 CFR 1. 137(a)

ATTENTION: Andrea Smith,

Dear Andrea,

"I hereby request an as-of-right extension to the most recent report under 37 CFR 1. 137(a)" I have been terminally ill since 2003 became increasingly worse in 2005 requiring Splenectomy surgery January 27th 2005 at Mc Master Hospital Hospital in Hamilton Ontario, (6.5 lbs tumour removed including Spleen, Pancreas, some small Intestine) many complications along the way to recovery. I went through very stressful, difficult times of suffering, confusion and depression. I was treated for my Symptoms during that time period. I had Surgery again in June 2006 for Prostate Cancer, many complications along the way to recovery as well.

My finances were depleted; and because of my failing health and frame of mind at the time I was not able to fully comprehend the severity of not attending to this matter expeditiously. Please keep in mind as well; that I hired the services of a Lawyer (Anthony Asquith) on April 7th 2006, his advised was: "I should not maintain my Canadian application and that I should leave everything to him where my US application was concerned. I terminated his services September 16th 2008, I felt that I was under-represented. I did not want to disclose my psychological conditions but I feel they will provide the help necessary for this case. The difficulty I'm having is: My application was abandoned Feb 16th 2006, yet my agent was assigned US application #0606923.1 April 6th 2006, and again April, 6th 2007 US application 11/783,263. How so?

Since I have previously submitted: Petition documents to make special based on age for advancement of examination under 37 CFR 1.102(c)(1) also petition for revival of an application for patent abandoned unintentionally under 37 CFR 1. 137(b). Hope I have met the burden placed upon me, and you can now expedite the application to grant. Enclosed please find medical records.

Wellesley Allen

1216 Avonlea Road

Cambridge Ontario

Canada n3h 4z8



Human Resources
Development Canada
Income Security
Programs

Développement des
ressources humaines Canada
Programmes de la
sécurité du revenu

Personal Information Bank
HRDC PPU 140
Fichier de renseignements personnels
DRHC PPU 140

MEDICAL REPORT - RAPPORT MÉDICAL

Protected When Completed - B
Protégé une fois rempli - B

| | | | |
|---|---|---|--|
| SECTION A To be completed by Patient - Doit être remplie par le patient | | | |
| First Name - Prénom <i>Leslie</i> | | Initial - Initiale <i>A</i> | Last Name - Nom de famille <i>Allen</i> |
| Home Address (No., Street, Apt., or R.R.) Adresse du domicile (numéro, rue, app., ou route rurale) <i>1216 Avonlea Rd</i> | | City - Ville <i>Cambridge</i> | Province or Territory Province ou territoire <i>ONT</i> |
| Postal Code Code postal <i>M3H 4K1</i> | Telephone No. - N° de téléphone <i>(519) 653-1886</i> | Date of Birth Date de naissance Y/A M D/J <i>1 1 1988</i> | Social Insurance Number Numéro d'assurance sociale <i>1 1 1</i> |
| SECTION B To be completed by Physician - Doit être remplie par le médecin | | | |
| Please provide factual objective opinions - Veuillez donner une opinion factuelle objective | | | |
| 1 Height - Taille <i>6'</i> | 2 a) How long have you known the patient? Depuis quand connaissez-vous le patient? <i>6 mos</i> | b) When did you start treating the patient for the main medical condition? Quand avez-vous commencé à traiter le patient pour son état pathologique principal? Y/A M D/J <i>2006 FEB 2006 MAY 29</i> | c) Date of the last visit Date de la dernière visite Y/A M D/J <i>2006 MAY 29</i> |
| Weight - Poids <i>185 lbs</i> | 3 Diagnosis (es) - Diagnostic(s): <i>Depression (Major Affective Disorder) Prostate Ca</i> | | |
| 4 Relevant/significant medical history relating to the main medical condition: Antécédents médicaux pertinents/importants reliés à l'état pathologique principal: <i>Recent Dx of Prostate Ca He is facing a radical prostatectomy and all the possible adverse outcomes (impotence, incontinence, etc)</i> | | | |

ISP-2519-00

Please write legibly - Veuillez écrire lisiblement

Canada

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CENTRAL FAX CENTER

MAY 31 2011

Alfred Y. Oh, MD, FRCS(C)Adult and Pediatric Otolaryngology
Head and Neck Surgery655 Fairway Road S., Unit A1-B
Kitchener, Ontario, N2C 1X4
Tel: 519-896-0949
Fax: 519-896-0957

April 12, 2006

Re: Allen, Wellesley Alexander
DOB:

Dear Dr. Pierre Kugler:

Thank you for referring Wellesley Alexander Allen to me.

Les is a 64 year-old male with a chronic history of bilateral otalgia. Over the last 3 months, it has worsened and the left side is worse than the right. He finds that stress increases the pain. Indeed, he has been under increased stress as he was diagnosed with prostate Ca. He also finds that chewing worsens the pain. There are no associated otologic symptoms such as hearing loss, tinnitus, otalgia, otorrhea or vertigo. Les takes Altace and insulin.

Examination:

Ears/Otoneurologic: Normal

Nasal Cavity: Normal

Oral Cavity/Oropharynx: Normal

Neck and Face: Significant bilateral TMJ crepitus was felt.

Flexible Nasopharyngoscopy: Not done

Audiogram:

A low frequency left sensorineural hearing loss with a high frequency loss was seen. The right side demonstrated mild hearing loss

Assessment and Plan:

1. Temporomandibular joint dysfunction
2. Assymetrical hearing loss

I believe Les' otalgia is related to significant TMJ dysfunction for which I recommended he obtain an oral splint. However, he also has a previously undetected assymetrical hearing loss. Thus, I have ordered an MRI of the cerebellopontine angles and I will follow up afterwards.

Thank you for involving me in this patient's care.

Best regards,


Alfred Oh, MD, FRCS (C)



**Cambridge
Memorial Hospital**
DIAGNOSTIC IMAGING DEPARTMENT
700 Coronation Blvd.,
Cambridge, Ontario N1R3G2
Tel: (519) 621-2333 Ext. 2230 Fax: (519) 740-6004

**DIAGNOSTIC IMAGING
REPORT**

RADIOLOGISTS
L.F.W. MARTIN, M.D., C.M., F.R.C.P.C.
M.R. SULEMAN, M.D., F.R.C.P.C., D.A.B.R.
HAMILTON GENERAL RADIOLOGISTS

| | | | | |
|--|--|----------------------------|-----------------------|--------------------------------------|
| NAME ALLEN, LES, WELLESLEY ALEXANDER | | | SEX M | ACCOUNT NUMBER TD022822/04 |
| ORDERING PHYSICIAN SIKANETA, S. | | | LOCATION DI | MEDICAL RECORD NO. 090926 |
| REFERRING PHYSICIAN SIKANETA, S. | | DATE OF BIRTH 62 | AGE 62 | DATE OF EXAM 30/11/2004 |
| | | | | RADIOLOGY NO 00011459 |

S S SIKANETA
800 FRANKLIN BLVD.
CAMBRIDGE
ON
N1R 7K8

519-740-1870

| KAM# | TYPE/EXAM | RESULT |
|----------|-------------------------------|-------------|
| 00673718 | CAT/C.T.ABDOMEN W&WO CONTRAST | X See Chart |

**C.T. SCAN OF ABDOMEN
WITH AND WITHOUT CONTRAST
30 NOVEMBER 2004**

There is a large mass replacing the body and tail of the pancreas measuring 13.0 x 13.0 x 11.0 cm in size. It is a solid mass with a lobulated contour and inhomogeneous internal attenuation with occasional central calcification. The splenic vein is not visible and possibly encased by the tumor since there are prominent collateral veins outside of the tumor leading to the splenic hilum. The portal vein and the portal splenic confluence is displaced to the right.

The tumor appears relatively well marginated from the surrounding structures except where it blends with the remnant of the pancreatic head. The upper aspect of the tumor surrounds the splenic artery as it emerges from the celiac axis. I see no evidence of regional lymphadenopathy. The liver looks clear of metastases.

The rest of the abdomen is unremarkable. A tiny simple cyst is noted at the left kidney.

IMPRESSION:

Huge pancreatic tumor. This appears confined to the pancreas with encasement of the splenic vein and development of collateral venous channels. There is no evidence of regional lymphadenopathy or distal metastasis.